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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 947

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 313

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County
(b) City or town St.Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital No 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 23 000 17
(c) City or town St.Louis. 9
(If outside city or town limits, write "RURAL")
(d) Street No. 112 Russell Ave (Rear.) 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LEONARD TOPP

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Topp
6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept. 14 1867
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	4	26	hr. min.

9. Birthplace St.Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business

FATHER
12. Name Adam Topp
13. Birthplace St.Louis 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unkwon
15. Birthplace St.Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Topp
(b) Address 112 Russell Ave Rear.

17. (a) Burial (b) Date thereof Jan 14/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Matthews Cem.

18. (a) Signature of funeral director Thorkitis & Son
(b) Address 2906 Gravois Ave.

19. (a) JAN 12 1942 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11th
year 1942 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from 19 , to 19 ;
that I last saw h alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis c Chronic Interstitial Nephritis — Duration

Due to

Due to

Other conditions 131 b
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 3

23. Signature Thomas F Callanan (M. D. or other)
Address Deputy Coroner Date signed 1/12/42

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1619

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.